

County: Manitowoc
RIVERS BEND HEALTH/REHABILITATION
960 SOUTH RAPIDS ROAD

Facility ID: 7010

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MANITOWOC 54220 Phone: (920) 684-1144
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 99
Total Licensed Bed Capacity (12/31/01): 99
Number of Residents on 12/31/01: 96

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 95

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/01) | | | | Length of Stay (12/31/01) | | % |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 44.8 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 44.8 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 1.0 | Under 65 | 2.1 | More Than 4 Years | | 10.4 |
| Day Services | No | Mental Illness (Org./Psy) | 22.9 | 65 - 74 | 13.5 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 2.1 | 75 - 84 | 40.6 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 38.5 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 4.2 | 95 & Over | 5.2 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 0.0 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 4.2 | | 100.0 | (12/31/01) | | |
| Other Meals | No | Cardiovascular | 17.7 | 65 & Over | 97.9 | ----- | | |
| Transportation | No | Cerebrovascular | 17.7 | | ----- | RNs | | 10.1 |
| Referral Service | No | Diabetes | 1.0 | Sex | % | LPNs | | 5.1 |
| Other Services | Yes | Respiratory | 3.1 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 26.0 | Male | 25.0 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 75.0 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| Level of Care | Medi care (Title 18) | | | Medi caid (Title 19) | | | Other | | Pri vate Pay | | | Fami ly Care | | Managed Care | | | Total Resi - dents | % Of All | | |
|----------------------|-------------------------|-------|----------------------|-------------------------|-------|----------------------|-------|-----|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|---|--------------------------|----------------|----|-------|
| | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | | | | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 12 | 100.0 | 312 | 59 | 100.0 | 102 | 0 | 0.0 | 0 | 25 | 100.0 | 120 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 96 | 100.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 12 | 100.0 | | 59 | 100.0 | | 0 | 0.0 | | 25 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 96 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|---------------------|---------------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from | | Activities of | % | % Needing Assistance of | % Totally Dependent | Total Number of Residents |
| Private Home/No Home Health | 2.4 | Daily Living (ADL) | Independent | One Or Two Staff | | |
| Private Home/With Home Health | 3.2 | Bathing | 0.0 | 30.2 | 69.8 | 96 |
| Other Nursing Homes | 2.4 | Dressing | 15.6 | 37.5 | 46.9 | 96 |
| Acute Care Hospitals | 86.4 | Transferring | 21.9 | 41.7 | 36.5 | 96 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Toilet Use | 22.9 | 38.5 | 38.5 | 96 |
| Rehabilitation Hospitals | 0.0 | Eating | 74.0 | 11.5 | 14.6 | 96 |
| Other Locations | 5.6 | ***** | | | | |
| Total Number of Admissions | 125 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 4.2 | Receiving Respiratory Care | | 9.4 |
| Private Home/No Home Health | 15.8 | Occ/Freq. Incontinent of Bladder | 52.1 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 16.7 | Occ/Freq. Incontinent of Bowel | 22.9 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 9.2 | | | Receiving Ostomy Care | | 5.2 |
| Acute Care Hospitals | 14.2 | Mobility | | Receiving Tube Feeding | | 2.1 |
| Psych. Hosp. -MR/DD Facilities | 0.8 | Physically Restrained | 4.2 | Receiving Mechanically Altered Diets | | 33.3 |
| Rehabilitation Hospitals | 0.8 | | | | | |
| Other Locations | 6.7 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 35.8 | With Pressure Sores | 7.3 | Have Advance Directives | | 100.0 |
| Total Number of Discharges | | With Rashes | 5.2 | Medications | | |
| (Including Deaths) | 120 | | | Receiving Psychoactive Drugs | | 51.0 |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| | This Facility % | Ownership: Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
|--|-----------------|-------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| Occupancy Rate: Average Daily Census/Licensed Beds | 96.0 | 82.5 | 1.16 | 86.4 | 1.11 | 85.8 | 1.12 | 84.6 | 1.13 |
| Current Residents from In-County | 97.9 | 74.3 | 1.32 | 69.6 | 1.41 | 69.4 | 1.41 | 77.0 | 1.27 |
| Admissions from In-County, Still Residing | 32.8 | 19.8 | 1.66 | 19.9 | 1.65 | 23.1 | 1.42 | 20.8 | 1.58 |
| Admissions/Average Daily Census | 131.6 | 148.2 | 0.89 | 133.4 | 0.99 | 105.6 | 1.25 | 128.9 | 1.02 |
| Discharges/Average Daily Census | 126.3 | 146.6 | 0.86 | 132.0 | 0.96 | 105.9 | 1.19 | 130.0 | 0.97 |
| Discharges To Private Residence/Average Daily Census | 41.1 | 58.2 | 0.70 | 49.7 | 0.83 | 38.5 | 1.07 | 52.8 | 0.78 |
| Residents Receiving Skilled Care | 100 | 92.6 | 1.08 | 90.0 | 1.11 | 89.9 | 1.11 | 85.3 | 1.17 |
| Residents Aged 65 and Older | 97.9 | 95.1 | 1.03 | 94.7 | 1.03 | 93.3 | 1.05 | 87.5 | 1.12 |
| Title 19 (Medicaid) Funded Residents | 61.5 | 66.0 | 0.93 | 68.8 | 0.89 | 69.9 | 0.88 | 68.7 | 0.89 |
| Private Pay Funded Residents | 26.0 | 22.2 | 1.17 | 23.6 | 1.10 | 22.2 | 1.17 | 22.0 | 1.18 |
| Developmentally Disabled Residents | 1.0 | 0.8 | 1.39 | 1.0 | 1.01 | 0.8 | 1.39 | 7.6 | 0.14 |
| Mentally Ill Residents | 25.0 | 31.4 | 0.80 | 36.3 | 0.69 | 38.5 | 0.65 | 33.8 | 0.74 |
| General Medical Service Residents | 26.0 | 23.8 | 1.09 | 21.1 | 1.23 | 21.2 | 1.23 | 19.4 | 1.34 |
| Impaired ADL (Mean) | 57.5 | 46.9 | 1.23 | 47.1 | 1.22 | 46.4 | 1.24 | 49.3 | 1.17 |
| Psychological Problems | 51.0 | 47.2 | 1.08 | 49.5 | 1.03 | 52.6 | 0.97 | 51.9 | 0.98 |
| Nursing Care Required (Mean) | 7.8 | 6.7 | 1.17 | 6.7 | 1.16 | 7.4 | 1.05 | 7.3 | 1.06 |